

Oscoda Area Schools  
Emergency Drill Reporting Form  
2014-2015 School Year

School: <u>Oscoda High School</u>	Date: <u>9-16-14</u>
Drill # <u>1</u> of <u>11</u>	Total Participants: <u>599</u>
Person Completing Form: <u>Terence Allison</u>	Title: <u>Principal</u>

Time Drill Began: <u>2:15</u>	Time Drill <del>2:15</del> <input type="checkbox"/> a.m. Concluded: <u>2:18</u> <input checked="" type="checkbox"/> p.m.	Time to Evacuate: <u>2:10 min</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation (5 required) <input type="checkbox"/> Tornado (2 required) <input type="checkbox"/> Lockdown (3 required) <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Other _____	<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers/Support Staff <input checked="" type="checkbox"/> Students <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Management <input type="checkbox"/> Other _____	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Other _____

Incident Command System Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Incident Commander:	Operations Chief:
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List the Objectives for the Drill Below:

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Problems Encountered: (check all that apply).	Attach Separate Sheet Documenting
<input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Students unsure of what to do <input type="checkbox"/> Staff unsure of responsibilities <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Students not accounted for / attendance <input type="checkbox"/> Difficulty with evacuation of disabled students/staff <input type="checkbox"/> Unable to access school mapping system <input type="checkbox"/> Students unaccounted for (note # below)	<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network / computer problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Students not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Students not serious about drill <input type="checkbox"/> Frightened students (lockdown drill) <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunication <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____

**Extenuating Circumstances / Identified Factors / Special Conditions Simulated:**

**Mitigation / Plans for Improvement:** (check all that apply below)

<input type="checkbox"/> Additional staff training <input type="checkbox"/> Additional student training <input type="checkbox"/> Address need for additional equipment <input type="checkbox"/> Improved emergency supplies <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Additional drills or exercising needed	<input type="checkbox"/> Other (list)
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Form Completed by

Name: Ysmall Title: secretary Signature: \_\_\_\_\_ Date: 9/16/14